



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code	SC	Dept.	A	Contract Number	
County Department Public Health			Dept.	Orgn.	Contractor's License No.	
County Department Contract Representative Gary McBride			Telephone 387-6224		Total Contract Amount	
Contract Type <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:						
If not encumbered or revenue contract type, provide reason: _____						
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount	
Fund AAA	Dept. PHL	Organization 2120	Appr.	Obj/Rev Source 9060	GRC/PROJ/JOB No.	Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Project Name MAA/TCM			Estimated Payment Total by Fiscal Year			
			FY	Amount	I/D	

CONTRACTOR Ontario-Montclair School District

Federal ID No. or Social Security No. _____

Contractor's Representative Frances Vinciullo

Address 950 West D Street, Ontario, CA 91762 Phone (909) 459-2500 x 4428

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is an Agreement with the Ontario-Montclair School District for the administration of Medi-Cal Administrative Activities (MAA) claims processing for the period of September 1, 2001 through August 31, 2004 and annually thereafter.

THIS IS NOT A CONTRACT
THIS IS A COVER
TRANSMITTAL ONLY

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)	Reviewed as to Contract Compliance	Presented to BOS for Signature
 County Counsel	 Date _____	 Department Head

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By